

REVOCATION OF POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/719,676
Filing Date	21 November 2003
First Named Inventor	WIEBE, David
Art Unit	
Examiner Name	
Attorney Docket Number	

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Please change the correspondence address for the above-identified application as follows

David Wiebe

Tel: 250-880-1410

203 - 2722 Fifth Street

Fax: 250- 475- 6762

Victoria, BC V8T 4B2, Canada

We are the Applicant/Inventors

	SIGNATURE of Applicant or Assignee of Record						
Name	Davic	Wiebe					
Signature	6						
Date	Ma	, 27	2004	Telephone	250-880-1410		
NOTE: Signatur signature is requ			nees of record of the entire in	nterest or their representative(s) are	required. Submit multiple forms if more than one		
¥ *Total	of 3	forms are sub	mitted				



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SIGNATURE of Applicant or Assignee of Record								
Name	Phillip Smith							
Signature	al who							
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NOTE: Signatures signature is require	s of all the inventors or assignees of record of the entire interested, see below*.	st or their representative(s) ar	re required. Submit multiple forms if more than one					

X *Total of forms are submitted.



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SIGNATURE of Applicant or Assignee of Record					
Name	Lawrence Johnson				
Signature	Server Sour				
Date	May 28, 2004	Telephone	604-95-7458 543 6272		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of ______forms are submitted.